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Recommended Citation

ZHAO W W, WANG R R, ZHANG J J, et al. Advances in the construction of quality evaluation system for general practice faculty [J] . Chinese General Practice, 2023. [Epub ahead of print]

DOI: 10.12114/j.issn.1007-9572.2022.0837.

Available at: <https://gpinchina.net>

Advances in the Construction of Quality Evaluation System for General Practice Faculty

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【Abstract】 Ensuring the quality of general practice faculty is not only an important basis for training qualified general practitioners, but also relates to the relationship between general practice and other professional disciplines, which is an important guarantee for improving the status of general practice and promoting the development of general practice. This article summarizes the roles and functions, admission standards, quality evaluation standards, and certification standards of general practice faculty by reviewing the websites and literature related to the training of general practitioners and general practice teachers at home and abroad, and prospects the quality evaluation and certification indicator system for general practice teachers in our country in the future, suggests that a quality evaluation and certification indicator system for general practice teachers should be constructed and adapted to national conditions in China, an authoritative professional committee for general practice teachers should be established, the standards for the admission, evaluation and assessment of general practice teachers should be formulated, and a systematic and complete management system for the training of general practice teachers should be established. This paper also suggests to select 1 or 2 excellent general practice faculty training bases in each province, to establish a relatively fixed and high-quality team of general practice faculty, which can provide a useful reference for the continuous quality improvement of general practice faculty training in China.

【Key words】 General practitioners; Teacher training; General Practice teacher; Quality assessment; System construction

In July 2011, the "Guiding Opinions of the State Council on Establishing a General Practitioner System"[\[1\]](#) stated that by 2020, China should preliminarily establish a vibrant general practitioner system, and fundamentally form a unified and standardized training model and "primary consultation at the primary level" service model. After nearly 10 years of development, the number of general practitioners in China has met the requirements of the general practitioner system, but the quality is still uneven and cannot meet the needs of primary health services. Therefore,

the task of cultivating excellent general practitioners is urgent. The cultivation of excellent general practitioners is inseparable from high-quality faculty in general practice. The United Kingdom, Australia, and the United States have established a complete and applicable standard system for faculty in general practice, including strict entry standards, training and assessment processes, and a well-developed professional development and support system^[2-5]. In contrast, China still lacks a complete training system for general practice and a quality evaluation system for faculty in general practice.

This article reviews relevant websites and literature on the training of general practitioners and faculty in general practice domestically and internationally. It summarizes the roles and functions, admission standards, quality evaluation standards, and certification standards of faculty in general practice, and looks forward to the development of quality evaluation and certification indicator systems for faculty in general practice in China. It suggests that in the future, we should construct a quality evaluation and certification indicator system for faculty in general practice that adapts to China's national conditions. This is to strengthen the construction of China's faculty team in general practice, thereby improving the quality of training of general practitioners in China and ensuring the development of general practice. The translation should be accurate and rigorous, retaining the literature numbers, and the readers are clinical practitioners.

1 The role and function of general practice faculty

The Royal College of General Practitioners in the UK, the Royal Australian College of General Practitioners (RACGP), and the American Board of Family Medicine require faculty in general practice to have both the roles of a doctor and a teacher. They must be certified by the association as general practitioners to ensure safe and effective patient care. They should be capable of providing a safe teaching and working environment for general practitioners, ensuring adequate teaching time, regularly observing the performance of general practitioners, and being familiar with various assessment methods.

The composition of general practice faculty in China is roughly similar to that abroad, mainly coming from three sources: theoretical faculty, clinical practice faculty, and community practice training faculty. The "Implementation Opinions on General Practice Faculty Training"^[6] outlined the inclusion standards for clinical practice faculty and community practice training faculty. The opinions mainly propose specific requirements for these two types of faculty in terms of education and clinical working years, without clearly stating the admission standards for theoretical faculty. Theoretical faculty primarily come from the general practice majors of higher medical institutions, and a small part from related majors like preventive medicine. Their main job is teaching, not involving in clinical work, and they are

responsible for courses like the introduction to general practice, preventive health care knowledge, etc. Clinical practice faculty are composed of specialist doctors and general practitioners from general hospitals, responsible for teaching clinical knowledge, skill operations, and clinical practice guidance to general practitioners. Community practice faculty mainly consist of community general practitioners, who are in charge of teaching community health service practice, community management, and other courses.

2 Construction and current status of the quality system for general practice faculty at home and abroad

Internationally, the focus of building a faculty for general practice is on the overall education in general practice. These faculties have high levels of professional knowledge and practical experience, well-integrated clinical professional abilities with practical work. Many non-profit organizations abroad set standards for training, assessment, and evaluation of general practice faculty, and are responsible for training, quality evaluation, and certification work, compiling unified textbooks, and establishing related indicators for faculty training content and quality evaluation of training bases^[7].

2.1 UK general practice faculty quality system In the UK, general practitioners can apply for faculty qualifications two years after registration, with some regions requiring clinical supervisors to apply. Applicants need to complete 5 days of faculty training, 3 teaching papers, and 1 teaching project, continuously observing and evaluating the on-site teaching of general practice faculty, summarizing evaluations, and later recording their teaching videos for expert review and feedback^[8].

2.1.1 Admission criteria (1) ≥ 5 years of experience in teaching general medicine; (2) voluntarily engage in teaching, with ample time and energy; (3) continuously learning and improving teaching skills; (4) have the ability for evaluation and feedback^[7].

2.1.2 Assessment method The assessment included clinic environment, teaching equipment, and teaching abilities of general practitioners, and interviews with practitioners, clinic directors, colleagues, and students to ensure a comprehensive and objective evaluation^[7].

2.1.3 Quality evaluation standards Evaluation and feedback abilities, professional abilities, teaching abilities, teaching effects, and personal development are crucial^[8-14].

2.1.4 Certification standards The initial qualification certification is generally valid for 2-3 years, requiring re-evaluation every 3 years, and re-registration every 5 years^[9].

2.2 RACGP's faculty quality system in Australia The RACGP emphasizes a love for general practice and requires applicants to be members of the state medical board, registered doctors without any history of membership

revocation^[15-18].

2.2.1 Admission criteria Established in 2005 by the RACGP, it emphasizes the applicant's clinical abilities and teaching experience^[19].

2.2.2 Assessment method The Objective Structured Teaching Examination (OSTE) for evaluation was used to evaluate the teaching ability of general practice teachers.

2.2.3 Quality evaluation standards Included teaching attitude, methods, content, and planning^[20-23].

2.2.4 Certification standards The initial certification is valid for 1 year and requires re-certification every 3 years^[15].

2.3 U.S. General Practice Faculty Quality System Managed by the American Board of Family Medicine, emphasizing team-based teaching. Admission criteria are less strict but emphasize experience and teamwork.

2.3.1 Admission criteria The U.S. Family Medicine Faculty Admission Standards have a relatively fewer entries, including the following: (1) Being accredited by the ACGME; (2) Emphasis on team teaching, requiring that at least one out of every six general practice residents must have a full-time general practice faculty member; (3) Require each faculty member on the teaching team to have many years of experience; (4) Take an examination every 6 years and pass the examination. However, the admission criteria do not specify the academic qualifications. However, there is no clear requirement on education and title in the admission criteria^[24].

2.3.2 Assessment method OSTE was also used for evaluation.

2.3.3 Quality evaluation standards (1) Professionalism: faculty members are required to love the teaching of general practice, have excellent clinical ability, and constantly improve their teaching and medical work. (2) Teaching methods teaching methods: PBL, Outcome-based education (OBE) is the key to the teaching process of general medicine teachers. PBL, OBE curriculum system, case discussion and other flexible teaching methods are widely used, and the general practice faculty were required to focus on GPs and cultivate GPs' learning through active participation and independent thinking in the process of teaching^[25]. (3) Evaluation and feedback ability: Regularly evaluating trainees' learning situation and teaching effect, giving teaching feedback through the trainees' situation, to find out the deficiencies in the teaching process, and improved teaching quality continuously.

2.3.4 Certification standards Family medicine faculty are required to re-register for accreditation every six years after being recognized as a faculty member. The faculty member in general practice is required to re-register for accreditation once every 6 years, and the accreditation criteria are the same as the quality assessment criteria.

2.4 General practice faculty quality evaluation system in China China's general practice faculty often

transitions from other roles. There is no unified evaluation and certification system [\[26-27\]](#). Efforts have been made in some provinces to establish an evaluation system focusing on ethics, teaching passion, lifelong learning attitude, etc [\[28-32\]](#).

2.4.1 Certification standards No unified regulations exist for the certification of general practice faculty in China.

2.4.2 Existing issues China has made progress in the training of general practice faculty, but challenges still remain, including the absence of authoritative management institutions, lack of top-level construction and systematic quality evaluation systems, inadequate training on communication skills, teaching methods, evaluation tools, and lack of standardized textbooks and systematic training plans. Also, there is a dearth of standards and institutions for quality evaluation systems, and high-quality basic training bases for general practice are limited.

3 Improving measures for the quality assessment system of general practice faculty in China

The entry, quality evaluation, and certification examination of general practice faculty are three crucial aspects of the construction and development of the faculty [\[33\]](#). The key to cultivating high-quality general practitioners and promoting the development of general practice lies in excellent educators. Their professional ethics, expertise, teaching ability, and research skills directly affect the overall quality of future general practitioners [\[34-37\]](#). Developed countries like the UK, Australia, and the US have strict standards for entry, training, and assessment of general practice faculty and a well-established professional development and support system. The adaptability of their faculty quality assessment systems in developing countries needs further exploration. Since China started late in general practice, there is still no unified and authoritative quality assessment system for general practice educators. The following measures can enhance the construction of this system in China:

3.1 Enhancing management to ensure quality of general practice faculty: establish an authoritative professional committee There should be a formation of a professional committee for general practice educators to set standards for entry, quality assessment, and certification examinations. This committee should organize training, assessments, quality evaluations, and certification processes under the supervision of provincial health departments or delegate these tasks to qualified social organizations like associations [\[33\]](#). Every province should select 1-2 outstanding training bases for general practice educators, optimize entry standards, and build a relatively stable, high-quality educator team [\[34\]](#). Moreover, medical colleges should establish independent departments of general practice, increase general practice courses in undergraduate education, and develop graduate education to enhance the teaching and research capabilities of the faculty team [\[35\]](#).

3.2 Establishing a training system for general practice faculty Experts from various fields should be organized to compile standardized training materials for general practice faculty^[36]. The training should combine centralized and online modalities, with educators attending 4 weeks of theoretical and skill training at the base annually. They should also participate in 4-6 online teaching conferences yearly to discuss teaching methods, lesson plans, regular assessments, and encountered difficulties to enhance their teaching abilities^[37].

3.3 Multi-dimensional, multi-channel, and multi-perspective evaluation of general practice educators' teaching work The professional committee should pay attention to the process management of teaching by general practice educators and regularly carry out quality evaluations. The evaluations should not only be focused on the educators but also on the bases, including conditions and incentive measures^[38]. The assessment should examine the educators' roles as both physicians and teachers. Indicators should include professional capability and ethics, progressive teaching concepts, teaching ability, feedback and evaluation capacity, and continuing education. The evaluation should be comprehensive, involving leaders, students, colleagues, the teaching office, and self-assessment^[39-40].

3.4 Establishing a certification system for general practice faculty Strengthening the training and qualification of general practice faculty, establishing an exit mechanism, and regularly evaluate the qualifications of general practice faculty to see if they are qualified to continue teaching, and measure the quality of general practice faculty through standardized quality evaluation and certification standards. The quality evaluation and accreditation standards of general practice faculty should be standardized to measure the teaching level of general practice faculty, and the quality of their teaching should be regularly evaluated. Through standardized quality evaluation and certification standards for practice faculty, the level of teaching of practice faculty is measured, and the license is renewed periodically, with assessment once every five years. Those who fail to pass the examination need to be re-examined in the second year, and only those who pass the examination can continue to undertake the work of general practice faculty.

4 Conclusion

In summary, developed countries like the United Kingdom, Australia, and the United States have strict standards for the admission, training, and assessment of general practice faculty, complemented by a comprehensive professional development and support system. In contrast, China lacks a unified and authoritative quality evaluation system for general practice faculty. To enhance the quality of training for general practitioners in China and ensure the development of general practice, there is a need to establish an authoritative institution and design a top-tier

training system. It's essential to develop a set of admission, quality evaluation, and certification standards suited to national conditions. A comprehensive evaluation of the teaching quality and effectiveness of general practice faculty who have obtained admission qualifications should be conducted regularly. Feedback should be provided timely for improvements. Understanding both internal and external factors that might influence the review and certification work is crucial. Emphasizing process management and promoting construction and improvement through evaluation will contribute to enhancing the overall quality and teaching standards of general practice faculty. Establishing a sustainable quality evaluation system for general practice faculty will facilitate the faster and more stable development of general practice faculty in China.

Author Contributions: Zhao Wenwen was responsible for collecting and organizing the materials and writing the paper. Zhang Jinjia, Zhang Yali, and Zhang Min conducted quality control and reviewed the document. Wang Rongying made the final revisions and was responsible for the overall content of the article.

There is no conflict of interest in this article.

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